CLAIMS ONLY

Application Number	Filing Date
10/659940	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
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47						
48						
49						
50						
Total Indep			1			
Total Depend			27			
Total Claims		28				

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
52							
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97							
98							
99							
100							
Total Indep							
Total Depend							
Total Claims							